

TRINITY UNIVERSITY
Conflict of Interest Disclosure Statement

(This form to be completed annually, no later than August 31, in accordance with Trinity University's Conflict Interest Policy and the definitions set forth therein.)

1. Are you aware of any relationships between Trinity University, its service partners, vendors or suppliers and yourself or a member of your Family as defined below and by Trinity University's Conflict of Interest Policy that may represent a conflict of interest?

Business Relationship – One in which a Trustee or Trustee's family serves as an officer, director, employee, partner, trustee, agent or controlling stockholder of an organization that does business with Trinity University.

Family – A spouse, domestic partner, parent, sibling, child, or any other member of the same household of the Trustee.

No Yes

If yes, please list such relationships and the details of annual or potential financial benefit as you can best estimate them.

2. During the past 12 months, did you or a member of your Family receive any gifts or loans from any source from which Trinity University buys goods or services or otherwise has significant business dealings?

No Yes

If yes, please list them, their source, and their approximate value.

<i>Source</i>	<i>Item</i>	<i>Approximate Value</i>
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3. Do you or a member of your Family hold any investments that may represent a conflict of interest, as defined by this policy (see DEFINITION section of policy)?

No Yes

If yes, please list such investments and the details of annual or potential financial benefit as you can best estimate them.

4. ***Other Disclosures of Actual or Potential Conflicts of Interest:*** No Yes
If yes, please list the details of annual or potential financial benefit as you can best estimate them.

I certify that I have read and understand Trinity University's Conflict of Interest Policy for Board Of Trustees, Officers and Senior Administrators and that the foregoing information is true and complete to the best of my knowledge.

I further acknowledge and agree that I have a continuing obligation to update this disclosure form, should an actual or potential conflict of interest arise.

Name (*please print*)

Signature

Date